## **TIME SHEET**

TA Name	County Therapy Associates, LLC					Month Year Location	Harford County I&T
				<del>-</del> 1		cancel <24 = .5	· · · · · · · · · · · · · · · · · · ·
Date	Time In	Time Out	Extended 🗹	Student Name		visit = 1	Parent/Caregiver Signature
Associate S	Signature			Tot	al Billable Visits:		-